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DATE

	515 IV. SIIIIUI A	515 N. Shiftii Ave, Suite 109 Corolla, CA 92000			
OFFICE	CONTACT				
ADDRESS	CITY	STATE	ZIP CODE		
PHONE ( )		Use a traceable method of shipment and insure against loss or damage! PLEASE STERILIZE HANDPIECE BEFORE SHIPPING			
Handpiece Description	Serial#	Pro	blem or Service Required		
1.	· ·				
2.					
3. ————————————————————————————————————					
4					
5					

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